Combined Declaration For P	Patent A	Application	and l	Power of Attorne	Man 12		L. 13	RNEY D	OCKET	
As below named inventor, I hereby declare that:										
My residence, post office address and citizenship are as stated below next to my name,										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed										
below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
ORGANIC ELECTROLUMINESCENT DEVICES										
The specification of which (check only one	e item bel	ow):					ä			
is attached hereto.										
X was filed as United States Application Serial No. 10/729,328 on 12-05-2003 and										
was amended on (if applicable). was filed as PCT international application Number, on, and was amended on, (if applicable).										
was filed as PCT international application Number on and was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment									endment	
referred to above.										
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title										
37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's										
certificate, or (365 (a) of any PCT internat					-		-			
and have also identified below any foreig	n applica	tions(s) for patent	t or inv	entor's certificate or any PC	CT internati	onal app	lication(s) d	esignatin	g a least	
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which										
priority is claimed: PRIOR FOREIGN/PCT APPLICATION	N(S) AND	ANY PRIORIT	Y CLA	MS UNDER 35 U.S.C. 1	19:					
COUNTRY (# PCT, indicate PCT)	AP	PLICATION NUMBER		DATE OF FILING (month/dayyeer)			PRIORITY CLAIMED	INDER 35 USC	§119	
							YES		NO	
·							YES		NO	
				-			YES		NO	
I hereby claim the benefit under Title 35, U	United Sta	ites Code, 119 §(e) of an	y United States provisional	application((s) listed	below:			
PRIOR PROVISIONAL APPLICATION	N(S) AND	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C. §	119 (e):					
PROVISIONAL APPLICATION NU	JMBER		-		FILING DATE (mo	nth/day/year)				
			+							
										
the United States of America that is/are lis prior applications(s) in the manner provid Office all information known to me to be between the filing date of the prior applica	sted below led by the e materia	and, insofar as the first paragraph of to patentability	he subje of Title as defin	ect matter of each of the cla 35, §112, I acknowledge the din Title 37, Code of F	ims of this a e duty to di ederal Regu	applications	on is not disc the U.S. Pa	closed in tent & T	that/those rademark	
PRIOR US APPLICATIONS OR PCT 35USC§120:	INTERN	ATIONAL APPL	.ICATI	ONS DESIGNATING THE	E U.S FOR	BENE	FIT UNDER			
U.S. APPLICATIONS				STATUS (Check one)						
U.S. APPLICATION NUMBER			U.S. FIL	ING DATE	PATENTI	ED	PENDING	ABA	NDONED	
PCT APPLIC	ATIONS DE	ESIGNATING THE U.	S.			+				
PCT APPLICATION NO.	PCT FILIN	IG DATE	. (J.S. SERIAL NUMBERS ASSIGNED (if any)						
								}		

Combined Declaration For Patent Application and Power of Attorney (Continued)					
OWER (OF ATTORNEY: As a nam	ed inventor, I hereby appoint	the attorney(s) and/or		
ent(s) a	ssociated with Eastman Kod	lak Company <u>Customer No.</u>	01333 to prosecute		
		ess in the Patent and Tradema			
erewith.					
nd Corresp	ondence to:		Direct Telephone Calls to:		
•	(name and telephone number)				
	Patent Legal Eastman Kod		1		
343 State Street			Arthur E. Kluegel		
Rochester, NY 14650-2201		585-477-2625			
Kuchestel, IN 1 14030-2201			FAX: 585-477-1148		
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
RESIDENCE &	Deaton city	Joseph STATE OR FOREIGN COUNTRY	C. COUNTRY OF CITIZENSHIP		
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BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
5.0	Eastman Kodak Company	343 State Street, Rochester	New York 14650 USA SECOND GIVEN NAME		
FULL NAME OF INVENTOR	Hatwar	Tukaram	K.		
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ADDRESS	Eastman Kodak Company	343 State Street, Rochester	New York 14650 USA		
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
	Kondakov	Denis STATE OR FOREIGN COUNTRY	Y. COUNTRY OF CITIZENSHIP		
RESIDENCE & CITIZENSHIP	Kendall	New York 14476 USA	Russia		
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
	Eastman Kodak Company	343 State Street, Rochester	New York 14650 USA		
FULL NAME OF INVENTOR	Brown	Christopher	T.		
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ADDRESS	Eastman Kodak Company	343 State Street, Rochester	New York 14650 USA		
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
RESIDENCE A	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
CITIZENSHIP					
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
oseph C. Deaton	Tukaram K. Kartura	
DATE //	DATE 2/05/2004	DATE
2/10/2004	2/03/2004	2/10/2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
(his ho		
DATE	DATE	DATE
2/10/2004	DATE	DATE